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CONFIRMATION NO. 1647

|  |   |                                  |   |   |                                |
|--|---|----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/530,207   | <b>FILING OR 371(c) DATE</b><br>02/13/2006<br><b>RULE</b>   | <b>CLASS</b><br>800              | <b>GROUP ART UNIT</b><br>1638   | <b>ATTORNEY DOCKET NO.</b><br>081356-0239 |                                |
| <b>APPLICANTS</b><br>Mitsuo Oshimura, Tottori, JAPAN;<br>Motonobu Kato, Tottori, JAPAN;<br>Kazuma Tomizuka, Gunma, JAPAN;<br>Yoshimi Kuroiwa, Gunma, JAPAN;<br>Minoru Kakeda, Gunma, JAPAN;  |   |                                  |   |   |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP03/12734 10/03/2003<br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2002-292853 10/04/2002  |   |                                  |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>22   | <b>TOTAL CLAIMS</b><br>60                 | <b>INDEPENDENT CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>22428  |   |                                  |   |   |                                |
| <b>TITLE</b><br>Human artificial chromosome (hac) vector   |   |                                  |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>4590   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |